



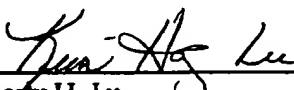
PATENT
Attorney Docket No. 42108-25508

For Purposes
Only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.08

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Kimberly H. Lu
Reg. No. 51,973

In re application of:
Fernandez-Pol, et al.

Serial No.: 09/784,631

Examiner Ceila Chang

Filed: 02/15/2001

Group Art Unit 1625

For: PHARMACOLOGICAL AGENT
AND METHOD OF TREATMENT :

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE

In response to the Office Action dated May 20, 2004, please enter the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 22 of this paper.

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Attorney Docket No. 42108-25508		First Inventor: Fernandez-Pol, et al.	
AMENDMENT TRANSMITTAL LETTER PHARMACOLOGICAL AGENT AND METHOD OF TREATMENT AUG 23 2004		Serial No.	09/784,631
		Filing Date	February 15, 2001
		Examiner	Ceila Chang
		Group Art Unit	1625

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

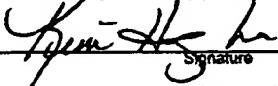
☐ Large Entity Status☒ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	(Column 1)		(Column 2)	(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*8	Minus	**71	=0	x \$ _____ =	0.00	x \$ _____ =	0.00
	Independent (37 CFR 1.16(b))	*2	Minus	***20	=0	x \$ _____ =	0.00	x \$ _____ =	0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				x \$ _____ =		+ \$ _____ =		
					TOTAL ADDIT. FEE	0.00	TOTAL ADDIT. FEE	0.00	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☒ Petition of Extension of Time.☒ If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefor and charge Deposit Account 20-0823 accordingly.☐ No additional fee is required for amendment.☐ A check in the amount of the fee is enclosed.☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 20-0823.☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823.
I have enclosed a duplicate copy of this sheet.☒ Any additional filing fees required under 37 C.F.R. 1.16.☒ Any patent application processing fees under 37 C.F.R. 1.17.


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Date: August 20, 2004

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